

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029259

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's Not

6988

STATE FILE NUMBER

FILED JUL 31 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

5hrs. 15mins.

c. FULL NAME OF (If NOT in hospital, give location)

De Paul Hospital

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Ill.

b. COUNTY

Crawford

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN

Oblong

d. STREET

(If outside, give location)

R. R. # 1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First ESTHER

Middle ARABELLA

Last

VAUGHN

4. DATE

OF DEATH

Month

Day

Year

July 15, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Never Married ☐Widowed ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

3-31-156

47 46

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

Bloomfield, Indiana

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Sholders

13b. MOTHER'S MAIDEN NAME

Etta Sanders

14. NAME OF HUSBAND OR WIFE

Wilbur Vaughn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Wilbur Vaughn-Oblong, Ill. R.R.1

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Subarachnoid hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

12 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Ruptured cerebral artery - middle cerebral

DUE TO (c)

330x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 15, 1962 to 7/15/62 and last saw her alive on 7/15/62

Death occurred at 6:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Heary E. Lattinville, M.D.

22b. ADDRESS

111 Church Street Ferguson, Missouri

22c. DATE SIGNED

7/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

7/16/62

23c. NAME OF CEMETERY OR CREMATORY

Wilkin

23d. LOCATION (City, town, or county)

Crawford Co. Oblong, Illinois

23e. STATE

24. FUNERAL DIRECTOR

ADDRESS

Marshall Fnr1. Home-Oblong, Ill.

25. DATE RECD. BY LOCAL REG.

JUL 16 1962

25. REGISTRAR'S SIGNATURE

Boat Smith. M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

3, 8, 9

Esther Arabella, 1916, 46

Arabella, 1915, 47

8/27/62

11, 13a, b

Bloomfield, Harmon Sholders, Etta Sanders

Blank

8/27/62

23b, c, d

7/26/62, Wilkin, Crawford Co.- 7/16/62, Blank, Oblong

Blank, Oblong

8/27/62

BY AFFIDAVIT OF Informant

DOCUMENT Birth Record

OK
Heary E. Lattinville
7-16-62
Boat SmithVS 300
Rev. 4/59

1

28120, 7

3

4

5

6

7

8

9

10

11

1259-0

13

59

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Joseph J. Kessler

Licensed Embalmer No. 7541

P. O. Address E. St. Louis, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

RECEIVED
JAN 10 1910
ST. LOUIS, MO.
DEPT. OF HEALTH
RECEIVED